

2005 ANNUAL REPORT

Utah State Division of Aging and Adult Services

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INTRODUCTION

Older Americans Act

The Older Americans Act (OAA) was passed by Congress in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the Older Americans Act, as amended through 2000, has provided funding and leadership resulting in the establishment of a unique nationwide network of federal, state and local governments, and private providers serving the diverse needs of America's seniors. The Act can be viewed as a work in progress that has been amended on several occasions to address the changing needs of older Americans.

The first Older Americans Act established the Administration on Aging (AOA) in the federal Department of Health and Human Services, provided grants for demonstration projects and research on aging, training grants, financial support for state offices or units on aging, and funds for states to use in supporting projects for the aging population.

Amendments passed in 1969 established the National Older Americans Volunteer Program which provided for Retired Senior Volunteers and Foster Grandparents. In 1972, the Act was amended as a result of a series of nutritional research and demonstration projects to create a permanent nationwide nutrition program for the elderly. Amendments to the Act in 1973 required the states to create planning and service areas and to designate a public or private non-profit agency to serve as the Area Agency on Aging (AAA) in each of these locations. Currently there are 655 such agencies in the United States which plan and coordinate services and opportunities for older persons on a regional basis, 12 of which are found in Utah.

Other amendments passed in the 1970s established the Senior Community Service Employment Program, awarded grants for low-income persons age 60 and over to work as senior companions, supplied surplus commodities to the nutrition program with assistance from the U. S. Department of Agriculture, and added a separate age discrimination act. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities. During the 1980s, enacted amendments required the AAAs to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian Programs and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2000 and further enhanced and enriched the Act. The amendment included the National Family Caregiver Support Program designed to assist caregivers of frail elder adults, and to a limited extent, grandparents raising grandchildren under the age of 18. The bill clarified the ability of AAAs to provide case management and information and referral services. The states must now assure that special needs of older individuals residing in rural areas will be taken into consideration and must describe how funds will be allocated to meet those needs. Also, the bill requires the Administration on Aging to develop, in collaboration with the aging network, a set of performance outcome measures for planning, managing and evaluating activities. The Division of Aging and Adult Services has participated in piloting some of the proposed performance outcome measures.

Utah's Aging and Adult Services Program

The Division of Aging and Adult Services (DAAS) was created as Utah's State Unit on Aging in accordance with the Older Americans Act. By Utah statute (62A-3-104) the Division was granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors. Local AAAs have been designated to cover all geographic regions of the state and have responsibility for providing a comprehensive array of services and advocacy for the needs of seniors residing in their areas.

In 1986, the Division was given the administrative authority for Adult Protective Services, a program to protect vulnerable adults from abuse, neglect, and exploitation. Adult Protective Services workers provide services designed to assist victims and prevent further abuse, neglect, and exploitation. Staff are located in a statewide system of offices and work in cooperation with local law enforcement to investigate cases involving seniors and disabled adults.

The Division has adopted the following Vision Statement, Mission Statement and Guiding Principles to communicate its purpose.

VISION STATEMENT

"OFFERING CHOICES FOR INDEPENDENCE"

MISSION STATEMENT

The mission of the Division of Aging and Adult Services is to:

- Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the state that support independent living and protect quality of life.
- Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

The Division of Aging and Adult Services believes that:

- Utah's aging and adult population has many resources and capabilities which need to be recognized and utilized. The Division has an advocacy responsibility for ensuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational, and recreational activities.
- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches, and private and public agencies. The Division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.
- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.
- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.
- An individual who requires assistance should be able to obtain services in the least restrictive environment, most cost-effective manner, and most respectful way.

Organizational Structure

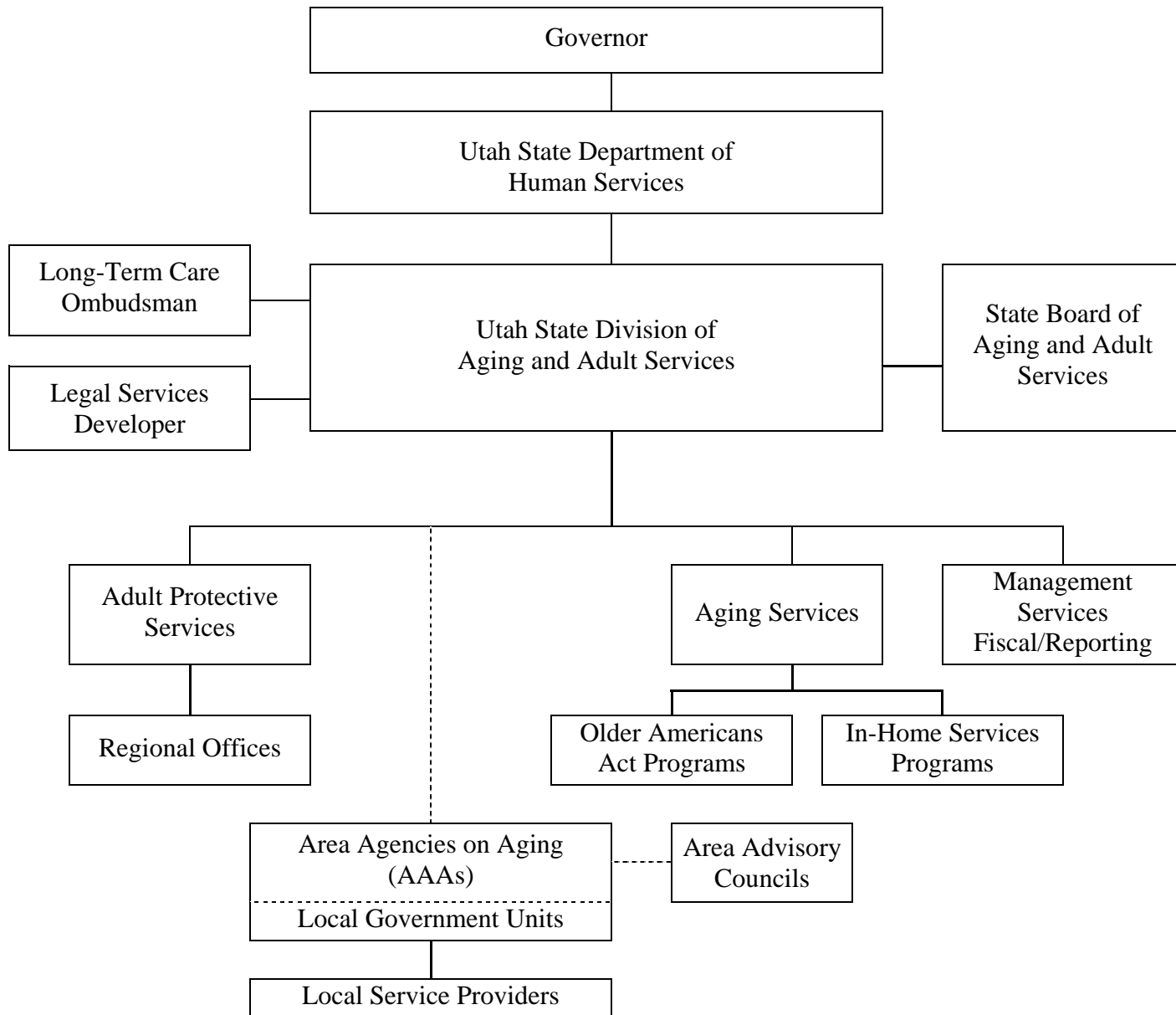
The Division has the responsibility to administer, deliver and monitor services to aging and vulnerable adult residents of Utah. To meet this responsibility, two program areas have been created: 1) Aging Services, and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the Older Americans Act and other enabling legislation funded by federal, state, and local governments. Aging services in Utah are delivered by local AAAs through contracts from DAAS.

The Adult Protective Services Program is mandated by state law to investigate all cases of reported abuse, neglect or exploitation of vulnerable adults. The program also offers services designed to protect abused, neglected, or exploited vulnerable adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse. The following chart depicts the organizational structure of DAAS.

Utah State Division of Aging And Adult Services

Organizational Chart



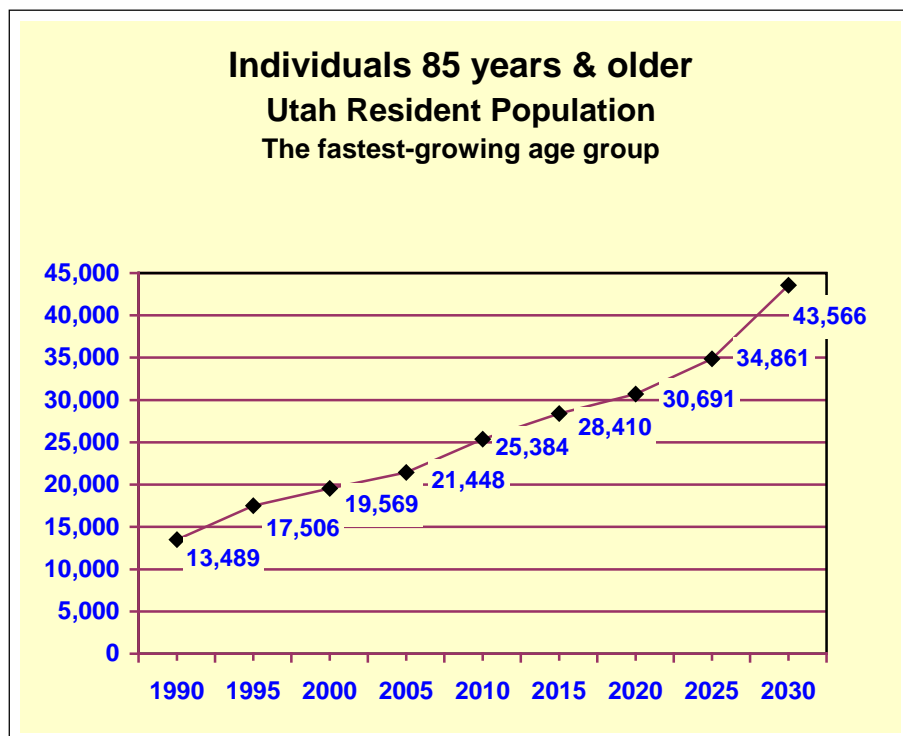
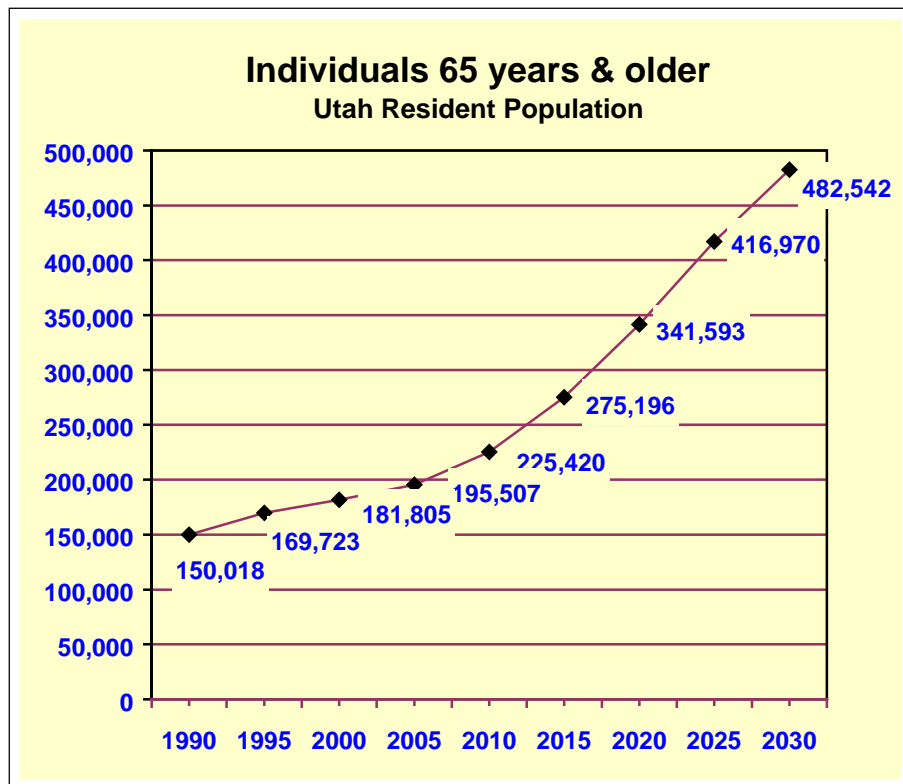
Population Growth of Seniors in Utah

Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The U. S. Census Bureau predicts that the senior population in the U. S. will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 482,542 by the year 2030.

Utah continues as the nation's "youngest state." Its median age of 27 years is eight years younger than the U. S. median of 35. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by **165 percent** between 2000 and 2030. In addition, the 85+ population in Utah will increase by **123 percent** between 2000 and 2030. The actual population number of those 85+ is 19,569 in 2000 and is estimated to be 43,566 in 2030.

The "baby boomer" cohort, those born between 1946 and 1964, will dramatically increase the 60+ population group beginning in 2006. The projected annual increase of the 60+ group starting in 2006 will be three times the increase observed between 1993 and 2006.

According to the 2000 census, Utah has the sixth most rapidly increasing population age 65 and older in the nation. The predicted aging of the state is a situation that has been created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition, and medicine and, 2) the "baby boomer" cohort reaching retirement age. There is concern that the predicted growth of those needing services will overwhelm the existing programs and services currently provided to Utah's older citizens. There is a need to invest in planning and designing better ways to articulate the impact that the aging of Utah's population will have upon the current service delivery systems, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 65.



Source: Demographic & Economic Analysis, Governor's Office of Planning & Budget, 2000

Recent Activities of the Division of Aging and Adult Services

Aging Initiative

The rapid aging of Utah's population will present opportunities and challenges to every public agency and community. In an effort to raise the awareness of state governmental agencies, the Division actively participated in a collaborative effort known as The Utah Aging Initiative with the University of Utah Center for Public Policy and Administration and other state agencies. The primary purpose of the Initiative was to raise awareness about and to develop strategies to address the challenges presented by the increasing older population. One of the first products of the Initiative was a briefing book that presented basic demographic facts and figures about the aging of Utah's baby boom population by identifying the needs and strengths of these citizens. The second phase of the Initiative involved conducting seven focus groups in both rural and urban Utah and interviewing officials from state government agencies in an effort to assist them in analyzing, planning and preparing for the impacts on services and operations. The second report contains two sections: the *Focus Group Summary* and the *Interviews with State Agencies Summary*. The Focus Group findings revealed five critical issues - Medical Care, Education and Information, Housing, Transportation, and Financial. Once the state agencies were interviewed, it was determined that they would be looking at six issues – increased demand for services, changes in the state workforce, volunteer public service, impact on state agencies, and health and public safety issues. The third report was prepared for policymakers, local elected officials and for the people of Utah as a result of discussions through staff research, the focus groups and state agency interviews. From the information gathered for the first two reports, three trends emerged identifying the following themes for Utah's preparation of the baby boomer generation: Health and Long-Term Care, Livable Communities, and Economic Growth and the Future of the Workforce. The report presents the demographic realities for consideration and then discusses each theme and its accompanying policy implications and recommendations. The Utah Commission on Aging was created during the last legislative session and will refer to these three reports to increase public and government understanding of the current and future needs of the state's aging population and how those needs may be most effectively and efficiently met. All three Utah Aging Initiative reports can be viewed on the Division's web site at www.hsdaas.utah.gov.

Century Club Celebration

The Nineteenth Annual Century Club of Utah Celebration, hosted by Governor Huntsman and First Lady Mary Kaye, honored 36 of Utah's oldest citizens, those who have reached the age of 100 years. The celebration was held at the Utah State Fair Park. All guests were welcomed to the Governor's Mansion afterward for a special tour.

When a Utahn turns 100, the Governor sends a letter welcoming the centenarian to the Century Club, along with a framed certificate of membership and a specially-made brass lapel pin engraved with "100".

The census reported that 155 centenarians were living in Utah in the year 2000. However, because it is difficult to gather information on all of them, only 103 centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following charts.

Utah's Centenarians				
Breakout by Age:				Counties of Residence:
<u>Age</u>	<u>Women</u>	<u>Men</u>	<u>Total</u>	
110	1	0	1	Cache 5
109	0	0	0	Carbon 1
108	0	0	0	Davis 9
107	2	0	2	Emery 1
106	0	0	0	Iron 1
105	3	1	4	Rich 1
104	5	4	9	Salt Lake 38
103	5	1	6	San Juan 4
102	8	5	13	Sanpete 5
101	26	9	35	Tooele 1
100	29	4	33	Uintah 2
Total:	79	24	103	Utah 18
				Washington 9
				Weber 8
				Totals: 103

State Board of Aging and Adult Services

The Board of Aging and Adult Services is the program policymaking body for DAAS. The seven-member Board is appointed by the governor and confirmed by the State Senate. Members are chosen from both rural and urban areas of the state and the Board is nonpartisan in its composition. The Board meets on a monthly basis and regularly hears from Division staff and the Chair of the Utah Association of Area Agencies on Aging (U4A), a group that represents Utah's 12 AAAs. While most of the meetings are held in Salt Lake City, the Board conducts several of its monthly meetings in rural Utah. During all meetings members of the public are invited and encouraged to participate and present their concerns to the Board.

Responding to the challenges facing Utah as its population ages, the Board commissioned the development of four one-page position papers reflecting its opinion on issues that the state needs to attend to, especially in light of the demographic changes that will be exacerbated when the "baby boomers" reach retirement age in 2011.

The position papers included: 1) Transportation issues, 2) In-home and Community-Based Services, 3), Improving Preventive Health Services for the Senior Population, and 4) Caregiver Support Services. A copy of the papers can be found in Appendix I on Page 29.

On an annual basis, the Board is called upon to review and approve the plans that explain how the AAAs will utilize the federal funds allocated to the State in furtherance of the Older Americans Act. The actual format of the plan is developed by the Division and approved by the Board. The Annual Plan for 2004, in addition to reporting the number of services provided to eligible seniors, provided information regarding each agency's accomplishments during the previous year. Appendix II on Page 33 contains a report on the numeric and programmatic accomplishments of each area agency as reported to the Board.

Preparing for the Medicare Prescription Card Program

Early in 2004, Congress passed and President Bush signed the most comprehensive reforms to the Medicare program since the program's inception in 1965. Among the reforms was a prescription program for Medicare beneficiaries to begin January 2006. At the request of Centers for Medicare and Medicaid Services (CMS), DAAS started to prepare for the future enrollment activities. The plan involved establishing area coalition groups, making presentations across the state, and training senior health information program volunteers.

The Division hired two part time employees to assemble area coalition groups. In every county an area coalition group discussed the best way to reach out to seniors regarding the Medicare reforms. These meetings involved county commissioners, representatives from Medicaid, Social Security, local healthcare providers, and other community leaders. Each area coalition presented to the Division a plan to help enroll seniors.

Numerous presentations were given in every county to help caregivers, beneficiaries, governmental agencies, and other organizations. The presentations included basic changes to Medicare, possible roles that Medicare and Social Security will play, the role of the AAAs and DAAS, explained the extra financial help contained within the new program, and answers to any other questions brought up by the group. There were more than 70 presentations during the fiscal year.

The Division provided the AAAs with up-to-date information furnished by CMS on several enrollment tools. These trainings were provided during annual senior health information program trainings.

Currently, the Division has continued with the plans provided by the area coalition groups. DAAS visited 26 out of 29 counties in enrollment activities, logged 7,000 miles and enrolled or provided information for 2,300 seniors in of the State of Utah.

Foster Children Transition to Adult Living and Senior Mentors

DAAS, along with other divisions in the Department of Human Services, participates in the Governor's Transition to Adult Living Initiative designed to prepare youth (aged 14-18) and young adults (aged 18-21) growing up in the foster care system to work and/or enroll in higher education.

This collaboration among agencies has provided additional opportunities for youth that will enable them to become successful and responsible community members.

Four Corners Behavioral Health participated in a volunteer mentoring project and was able to utilize retired or soon-to-be retired citizens to help youth and young adults transition to adult living. This mentoring program involved enthusiastic and understanding older adults who befriended youth and acted as sounding boards and confidants to help the youth navigate and plan their vocational and/or occupational futures. Senior mentors are encouraged to commit at least one year and share their life's work experiences. The association between senior mentors and this age group can result in a lifetime bond, providing youth with positive relationships and guidance, and instilling confidence.

Urban, Rural and Specialized Transportation Association

During 2005, the Division continued its active participation in the Urban, Rural and Specialized Transportation Association (URSTA), in order to stay informed of statewide transportation issues. Additionally, the Division joined the Department of Transportation, Department of Health, and other agencies in forming the United We Ride Task Force, which is reviewing interagency transportation issues statewide through a federal grant cosponsored by the Federal Transportation Administration and the Administration on Aging.

ADMINISTRATION

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the governor and confirmed by the State Senate.

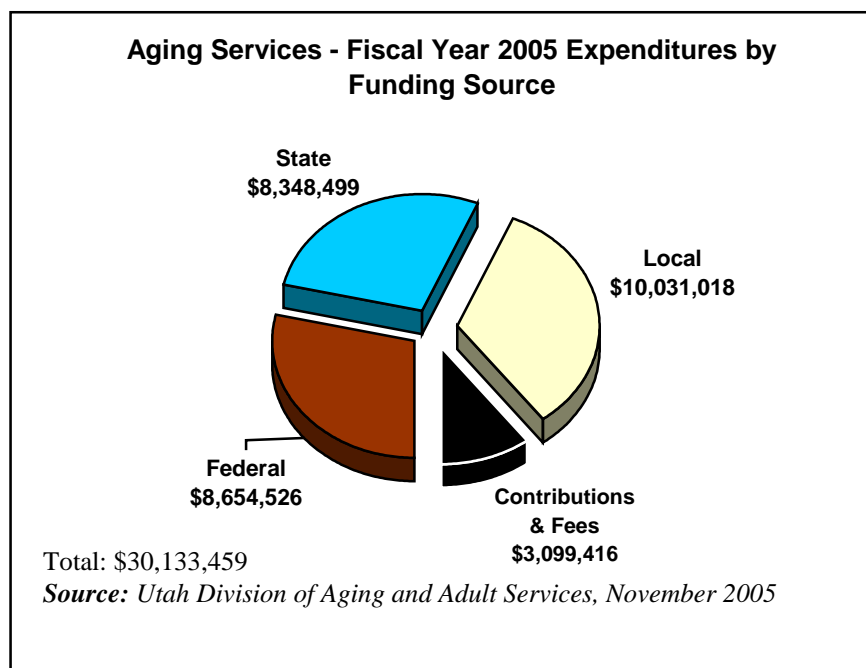
SERVICE DELIVERY

I. AGING SERVICES

The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, and a variety of in-home services including Homemaker, Personal Care, Home Health Care, and Medicaid Home and Community-Based Aging Waiver Services. Several other services are available as set by local priorities. A list of AAAs is located on page 67.

A. Funding Aging Services Programs

There is a variety of funding sources for the programs administered by the Division's Aging Services, including federal, state and local governments. The following figure shows the percentage and amount of the total aging services budget that each of the major sources contributes. The federal share is received through allocations authorized by the Older Americans Act. The Utah Legislature appropriates state funds, with local funding coming from counties, private contributions, and the collection of fees.



B. Review of Aging Program Fiscal Year 2005 Activities

The Division of Aging and Adult Services was created as Utah's State Unit on Aging in compliance with the Older Americans Act. By State Statute 62A-3-104, the Division is granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors.

The following is a review of the services available through the Division and the AAAs to help the elderly and their families deal with the challenges created by the aging process.

1. Health Promotion and Disease Prevention Program

Attention to health risk factors will guide the Health Promotion and Disease Prevention Program in Utah. Taking care of your body and mind is the first goal in staying healthy. The theme of Older Americans Month in May 2005, "Celebrate Long-Term Living!", promoted physical activity and healthy lifestyles for older Americans. It is important for individuals to know how healthy they are and what is necessary to achieve optimum health. The Division's web site at www.hsdaas.utah.gov/useful links XYZ has a "Health Report Card" to help people meet the "check-up" recommendation for good health status. It shows what is recommended by medical and health professionals to reduce personal health risks.

To promote Comprehensive Coordination of Health Promotion, the Division is represented on the following boards:

- Utah Department of Health Diabetes Advisory Board

- Utah Adult Immunization Coalition

- Utah Nutrition Council

- Utah Commission on Aging – Healthy Aging Special Committee

Community Senior Centers

When seniors and their family members, or others from the community, come into the senior center, they can expect to find help, information and/or referral. See the chart on the next page for a listing of the services and programs.

Services and Activities for Persons Age 60+

Advocacy

- Adult Protective Services
- Housing Resources
- Interpretation and Translation
- Legal Assistance Information
- Legislative Issues
- Long-term Care Ombudsman

Counseling and Education

- Caregiver Support
- Chronic Disease Education
- Computer Technology
- Disability Support
- Grief Support Group
- Health Insurance Information
- In-Home Services
- Life Enrichment Classes
- Medication Management
- Mental Wellness Advice
- Retirement Facts

Health Promotion

- Exercise Classes:
 - Stretching
 - Endurance
 - Strength training
- Health Screening
- Injury Prevention
- Nutrition
- Self Maintenance

Community Opportunities

- Fundraising
- Information and Referral
- Boards and Committees
- Volunteering

Recreation and Socialization

- Arts and Crafts
- Dances
- Excursions
- Cultural Events
- Leisure
- Sports

Services

- Nutritious Meals
- Transportation
- Older Worker Programs
- Immunizations
- Pantry Foods

Congregate Meals	Home-Delivered Meals (HDM)
The congregate meal program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons at approximately 100 meal sites across the state. These meals are made available to individuals age 60 and over. Nutrition education is provided to all participants and good health habits are continually encouraged.	The HDM program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons who are age 60 or over, home-bound, and have limited capacity to provide nutritionally-balanced meals for themselves. Other in-home services are provided when identified through assessment.
A confidential contribution is encouraged by those who enjoy these meals. The suggested contribution amount is established by the local AAAs. These contributions covered 27 percent of the total expenditures in FY 2005 and are used to enhance the congregate meals program.	Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit this to only four days a week with a waiver approval. Through the assessment process, an effort is made to assure that those with severity of need receive meals. Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM Program. In FY 2005, contributions to the program covered 24 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.

CONGREGATE MEALS FISCAL YEAR 2005	
• Undupl. Persons served:	26,229
• Meals served:	898,376
• Total expenditures:	\$4,938,867
• Contributions by seniors:	\$1,277,313
• Average cost per meal*:	\$5.38

HOME-DELIVERED MEALS FISCAL YEAR 2005	
• Undupl. Persons served:	10,192
• Meals served:	1,105,410
• Total expenditures:	\$6,120,005
• Contributions by seniors:	\$1,487,883
• Average cost per meal*:	\$5.53

*Cost includes direct costs (food, labor, transportation), indirect costs (screenings, education), and administration costs.

The following profile of HDM recipients describes the typical participant and what may be expected in future years. As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves. The HDM Program helps meet the needs of these individuals. An increased demand for this service is expected.

- Age: 70% are 75 years of age or older.
40% are 85 years of age or older.
 - Female: 75%
 - Lives alone: 95%; Requires assistance with ADLs*
 - Receives at least five meals per week
 - One third of recipients require special diets (low sodium, high protein, diabetic, etc.)
 - Receives nutrition education
- * *ADL = Activities of Daily Living*

2. The Home and Community-Based Alternatives Program

The Home and Community-Based Alternatives Program provides services to more Utahns than any other DAAS in-home service programs. In 2005, 2,012 individuals received services across the State. Although the stated goal of the program is to prevent premature placement in nursing facilities, additional benefits to individuals include enhancement of their quality of life, promotion of independence in one's own home, and general well-being.

Of the array of services offered, the first is case management. Every AAA in Utah has professional case managers who specialize in the issues of aging and understand the local community resources, and who are committed to providing excellent service. Although clients must meet age and financial eligibility guidelines to receive services in the home, the Home and Community-Based Alternatives Program is the most flexible of all in-home programs and, as such, can provide a broad spectrum of services which may include personal care, homemaker services, transportation, respite to caregivers, and chore services.

Throughout the State, case managers remain committed to client-directed care. This model of providing in-home services emphasizes the client's involvement with care planning whenever possible. The Alternatives Program also supports those clients who wish to hire their own care providers. Flexibility is a core strength of the Alternatives program. The service package is designed to meet a client's unique needs, once eligibility has been established.

The Alternatives Program: FY 2005			
<ul style="list-style-type: none"> • Homemaker • Personal Care and Home Health Aide 	<ul style="list-style-type: none"> • Individuals Served 	2,012	
	<ul style="list-style-type: none"> • Expenditures: State Funds 	\$3,909,906	
<ul style="list-style-type: none"> • Other Services <ul style="list-style-type: none"> - Home-Delivered Meals - Respite/Adult Day Care - Transportation 	<ul style="list-style-type: none"> • Fees 	\$54,955	
	<ul style="list-style-type: none"> Local Funds 	\$253,083	
	<ul style="list-style-type: none"> • Average Annual Cost per Client 	\$2,197	
	<ul style="list-style-type: none"> • Age of Clients: Under 60 	18%	
		60 – 74	
		24%	
		74 – 84	
		33%	
		85+	
		25%	

3. National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) funded by the federal Older Americans Act, Title III-E, helps adults of any age who serve as unpaid caregivers for persons 60 or older. The goal of this program is to intervene with short-term and intermittent relief from the emotional, physical and financial strain of providing continual care. In general, the consequences of a caregiving relationship is an increased burden on the one providing care. This may in turn increase the need to place the person receiving care in a long-term care facility, as well as an increase in the use of formal in-home services. An increased burden on the caregiver may correlate with increased morbidity and mortality, as well as a high incidence of depression.

The NFCSP seeks to identify and serve families who are economically or socially needy, although it is not necessary to be in a low-income category to receive services. There are no financial eligibility requirements to receive services through this program.

Last year, one out of four Utah families had an individual provide some assistance to an older neighbor, relative, or friend. Over time, occasional errands often turn into full-time caregiver responsibilities. Caregiving can be rewarding, yet physically and emotionally stressful. The services funded by the NFCSP to support caregivers are:

- information to caregivers about available services;
- assistance to caregivers in gaining access to supportive services;
- support group or individual counseling, and training to assist caregivers in making decisions and solving problems relating to their roles;
- respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- supplemental services, on a limited basis, to complement the care provided by the caregivers

The usual access point for these services is the local AAA. Caregivers across the state have learned that many resources and services are available to them through this agency. Last year, DAAS participated in the Real Choice Systems Change Grant activities – including the UCARE multi-media campaign - to help caregivers self-identify,

understand, and access the services and programs available to them through the state caregiver support programs. DAAS has also been involved in the promotion of the statewide access to the 2-1-1 information and referral line, and has staffed several information booths at professional conferences throughout the year to provide caregiver support resources.

In addition, working with the newly formed Commission on Aging, caregiver issues are being examined, including issues that impact employed caregivers. Discussions with employers of several Utah companies included caregiver-specific topics such as the need for developing a caregiver support network at the workplace, and addressing the needs of the “sandwich” generation of workers caring for parents as well as children.

The Utah Coalition for Caregiver Support, formed in March 2002, is a statewide partnership of approximately 30 organizations. It meets regularly to discuss the issues that impact caregivers throughout the state. The Family Caregiving in Utah booklet, developed by the coalition, contains helpful information about services related to caregiving issues and is available by contacting syudell@utah.gov. The Coalition’s goal is to make this world a better place for caregivers.

The following chart details the program utilization for each of the five categories of services for the Utah Caregiver Support Program:

Service	Total Individuals Served*	Federal Funds	State Funds	Local Funds
Information	9,323	\$68,448	\$45,145	\$16,703
Assistance	2,756	\$176,023	\$101,176	\$46,423
Counseling/Support	1,949	\$60,008	\$33,899	\$6,030
Respite	572	\$308,952	\$164,305	\$35,505
Supplemental Services	410	\$18,834	\$11,725	\$7,774
Funds Expended		\$632,264	\$356,250	\$112,435
Total funding – all sources = \$1,154,511				
<i>Average cost per client for respite care = \$1,016</i>				
<i>*Duplicated counts due to many people utilizing more than one service</i>				

4. Home and Community-Based Medicaid Aging Waiver Program

For the past 13 years, the Division has administered the Utah Home and Community-Based Medicaid Aging Waiver Program. The Aging Waiver program provides home and community-based services to individuals who are in the home setting but require the types of services provided by nursing facilities and would be expected to enter a nursing facility through the Medicaid program within a very short period of time if they could not obtain in-home services from the waiver program. During the Program’s 13 years in operation, 2,690 frail elderly have been served.

In FY 2005, Utah's Home and Community-Based Medicaid Aging Waiver Program served 774 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in nursing facilities.

Aging Waiver services are available statewide to seniors age 65 and over who meet criteria for nursing home admission and Medicaid financial eligibility. Services provided to eligible seniors include homemaker, adult day health services, home health aide, home-delivered meals, non-medical transportation, etc.

In 2005, a new waiver was granted for the next five years.

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER	
Services Provided:*	% of clients
•Homemaker:	78%
•Emergency Response:	69%
•Home-Delivered Meals:	39%
•Med Equip/assistive technology	34%
•Adult Day Health Services:	15%
•Respite and Transportation:	27%
* Most clients receive several services, therefore the total exceeds 100%.	
Cost Data on the Waiver	
Other Waiver Facts:	
•Total individuals served:	774
•Total expenditures:	\$3,362,053
•Annual cost per client:	\$4,344

5. Other Older Americans Act Services

Older Americans Act Title III-B funds are used to provide a wide variety of services that enable Utah's seniors to maintain their independence. Remaining at home in a community with which they are familiar is a high priority for Utah's seniors. When illness or disability limits seniors' ability to perform tasks necessary to live independently, outside assistance is requested. With funds made available from the Older Americans Act in the categories of access, legal, in-home and optional services, the AAAs provide services to help families and caregivers maintain seniors in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The AAAs also assist many seniors with chores that are difficult or impossible to do themselves, such as lawn work, snow removal, and minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems

that homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services. The following chart illustrates how these optional services have been used by Utah's seniors during the 2005 fiscal year.

SUMMARY OF OPTIONAL SERVICES PROVIDED UNDER TITLE III-B	
Service	Units*
• Friendly Visitor	218,358
• Information and Assistance	157,419
• Transportation	258,580
• Telephone Reassurance	73,040
• Chore Maintenance	43,994
• Assessment/screening	20,957
• Shopping	19,430
• Personal Care/home health aide	3,895
• Total	795,673

*One senior may use multiple units of service.

6. Health Insurance Information Program (HIIP)

The Centers for Medicare and Medicaid Services (CMS) contracts with DAAS to educate the public about Medicare and its benefits. With the passage of the Medicare Modernization Act of 2003, seniors have become more confused about their benefits. During 2005, Division staff trained approximately 150 HIIP volunteer counselors for this program. The Division partners with many state, federal and other agencies who participate in the delivery of the training across the state. During this year, the HIIP counselors have helped over 5,000 beneficiaries with their questions and educated approximately 140,000 beneficiaries across the state through public media, presentations or mailings. The Division also participated with the Congressional delegation in public seminars across the state concerning the new Medicare Prescription Discount Drug Program.

7. The State Long-Term Care Ombudsman Program

The Utah Ombudsman Program responds to concerns and complaints about the quality of care and quality of life of residents living in long-term care facilities: nursing homes, assisted living facilities, swing bed hospitals, transitional care units and small health care facilities. In Utah, there are 268 facilities with 13,779 licensed beds. The state program currently has 6.7 FTEs responding to the complaints and doing investigative and advocacy work for the entire state of Utah. Ombudsmen have responded to 1,370 cases and 2,867 complaints this last year. Due to ongoing updates from a national consistency-reporting program, the methods in which cases and complaints are counted has continued to change. Altercations between residents were not counted for a portion of last year, and this year there has been a change in the definition of consultations. Some cases handled by the Ombudsman will now be counted as consultations rather than complaints, thus reducing the number of complaints from previous years. However, the

workload for local ombudsmen continues to grow with more visits to assisted living facilities and an increase in the seriousness of cases. Along the Wasatch Front, volunteers continue to give the program a needed boost.

8. Title V: Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP), also known as Title V of the OAA is a job training program for seniors over the age of 55. The program places seniors in a community service setting to obtain work skills necessary for job placement in the regular work community. During fiscal year 2005, Utah finished the year with a job placement rate of 45 percent. SCSEP had major legislative changes during the last year, requiring the Division to implement new state rules to reflect the changes in the federal SCSEP program. The Division also directed the development of the Coordinated Services State Plan for the Department of Labor.

THE AVERAGE TITLE V ENROLLEE	
• Age: 55–59	28 %
• Female	70 %
• High school graduate	31 %
• Annual income below poverty level of \$8,240	95 %
• Minimum Title V wage	\$5.15 per hr.

9. Legal Assistance Services: The Role of the Legal Services Developer

The Older Americans Act deems senior legal assistance a priority service. Accordingly, the Act requires that each state employ a Legal Services Developer to ensure that priority is given to senior legal assistance programs. The Act requires the establishment of legal services related to income assistance, health care, long-term care, nutrition, housing and utilities, protective services, defense of guardianship, abuse, neglect, exploitation, and age discrimination. The Legal Services Developer's role is to (1) provide state leadership in securing and maintaining the legal rights of older persons; (2) coordinate the provision of legal assistance programs; and (3) improve the quality and quantity of services by developing a comprehensive system of legal services targeting older persons in greatest social and economic need while providing an array of legal services to all older Utahns.

Last year, the Developer and the Division Director, conducted a groundbreaking project of surveying the types and frequency of legal problems that seniors encounter, as well as determining what legal service is most needed by seniors. This year, the Developer has conducted a stakeholder survey of seniors' legal needs.

The Developer's primary objective is to implement the results of these surveys. Thus, the goals for this next year are to:

- Develop a state elder rights plan with various stakeholders
- Publish a legal guidebook for Utah's seniors
- Continue to seek funding for a senior legal hotline

The Developer recently obtained a grant from the Center for Social Gerontology to assist Utah in developing an elder rights plan.

In addition, the Legal Services Developer is pursuing efforts to produce a Legal Guidebook for Older Utahns. According to the legal needs study conducted last year, a guidebook is the second most requested service among Utah's seniors. Given the last guidebook was published over a decade ago, it needed to be rewritten entirely. Consequently, in conjunction with the Utah Bar Association's Needs of the Elderly Committee, a new guidebook was drafted. The Developer has edited the guidebook and is currently holding focus groups with attorneys, gerontologists, and seniors.

The Developer's important initiatives and programs include on-going work with several legal services providers and elder law stakeholders, such as Utah Legal Services, The Center for Social Gerontology, and Utah Bar Association's Needs of the Elderly Committee.

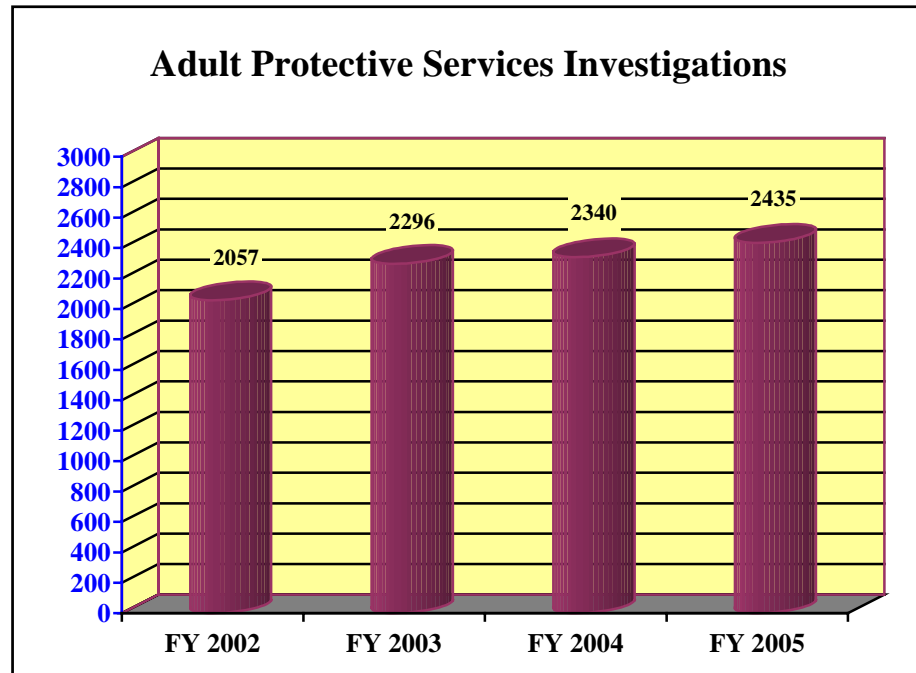
II. ADULT PROTECTIVE SERVICES

DAAS is responsible for the administration of Adult Protective Service Programs (APS). Within the administrative structure of the Division, the director of Adult Protective Services has statewide administrative responsibility for the program. Adult Protective Services are delivered by Division staff through APS Regional Offices. A complete list of the APS Regional Offices is located on Page 69.

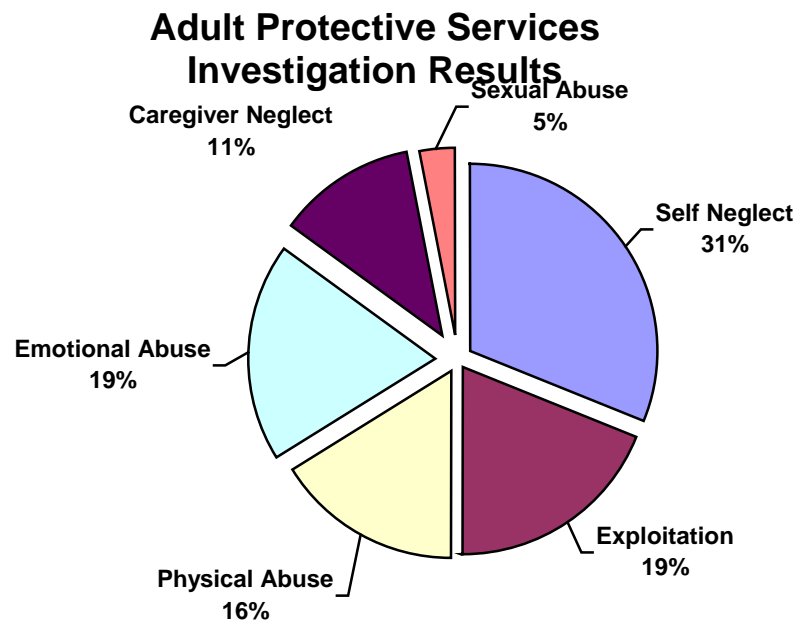
Federal and state statutes require that vulnerable adults, including elderly and mentally or physically impaired adults, be protected from abuse, neglect and exploitation. APS is mandated to investigate allegations of abuse, neglect and exploitation of any vulnerable adult. APS investigators are located throughout the state and intervene, with law enforcement as necessary, to stop the abuse, neglect and exploitation, and provide services or referrals to vulnerable adults or their families for services which will protect them from further harm.

Participation in services provided by APS is voluntary for vulnerable adult, unless mandated by a court order. Any services provided to the vulnerable adult are to be paid by the recipient whenever possible. Most clients are referred to community programs for assistance. If community services are not available, short-term limited services may be provided by Adult Protective Services. Adult Protective Services encourages the vulnerable adult, families and other agencies to assume as much responsibility as possible for the care and protection of these individuals.

Abuse, neglect and exploitation of vulnerable adults continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by Adult Protective Services.



The following chart shows the results of investigations by type of substantiated allegation during FY 2005.



A. Investigation

Utah has a mandatory reporting law requiring anyone who suspects the abuse, neglect or exploitation of a vulnerable adult to report the situation to either law enforcement or the local Adult Protective Services Intake (800-371-7897). Upon receiving a report of suspected abuse, neglect or exploitation of a vulnerable adult, statute requires that APS conduct an investigation to determine the validity of the allegations. If it is determined that abuse, neglect or exploitation has occurred, the Adult Protective Service worker will assess the situation and recommend a course of action to protect the individual from further abuse. State statute requires law enforcement to conduct an investigation of identified perpetrators and to file criminal charges when the evidence supports that action.

The following charts illustrate a profile of the Adult Protective Services clients and perpetrators.

Typical Client	
Age: 60 – 89	61%
Female	60%
Self-Neglecting	31%
Lives In Own Home	74%

Perpetrators	
Age:	
30-59	62%
Relationship To Victim:	
Family Member/Relative	60%

B. Training

It is estimated that only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults is ever reported to the proper authority. Low reporting may be a result of lack of awareness/education regarding the program. During FY 2005, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions made recently to the Civil and Criminal Law (U.C.A. § 62A-3-301 and U.C.A. § 76-5-111). The program has provided 206 hours of training to approximately 4,896 individuals throughout the state, including, but not limited to, law enforcement officials, first responders, long-term care professionals, home health professionals, medical professionals, financial institutions, and senior citizens. Education, collaboration, and cooperation continue to be effective tools in recognizing and preventing vulnerable adult abuse.

C. Emergency Protective Payments

Emergency Protective Payments are issued to eligible individuals in emergency situations to meet essential life-sustaining needs. Payments are intended to assist the client in avoiding a situation that could lead to a protective need or premature institutionalization. Payments assist with services such as emergency shelter, utilities, and clothing. When feasible, the client repays the funds received.

APPENDICES

BOARD POSITION PAPERS

Transportation Issues Among the Aging Population (Priority 1)

As the “boomer” generation (birth years 1946-1964) ages, the increase in the senior citizen population will intensify demands on an already inadequate transportation system.

- Transportation is critical to remaining independent in one’s home, which is a strong desire among the senior population. Access to transportation helps seniors avoid becoming dependent on others for shopping, recreation, and medical care.
- The most common means of transportation for seniors is still their own automobile. Drivers over age 40 represent 46 percent of all licensed drivers in Utah. The 40- to 59-year-old population (baby boomers) makes up 65 percent of this group. Thus, a large number of Utah’s drivers will be aging in the next two decades.
- Aging drivers are perceived by some to be less safe. Aging drivers may be forced to continue to drive their own vehicle beyond a time when they may do so safely because no alternative transportation exists.
- The rare but highly publicized accidents involving older drivers may result in efforts by some individuals for more stringent licensing requirements, further reducing elderly mobility if no alternative public transportation is made available.
- For urban areas, services such as those provided by the Utah Transit Authority continue to expand, but will not be able to keep pace with the aging population’s transportation needs without substantial increases in funding.
- Rural seniors face additional roadblocks to remaining independent due to lack of public transportation.

The Board of Aging and Adult Services believes that Utah needs to do more to ensure that Utah’s transportation system will meet the challenge of the aging population. The Board urges the Legislature to support the following initiatives.

- Increase funding for senior transportation programs to address the increase in fuel costs
- Add funding to the Meals on Wheels program to address the increase in fuel costs.
- Improve local capacity by supporting the one-time funding request for transportation equipment such as vans and ADA equipped busses.

Improving Home and Community-Based Services for Utah's Seniors (Priority 2)

Utah has traditionally emphasized meeting the needs of our children, but we actually rank sixth nationally in population growth for individuals over the age of 65. Between the years 2000 and 2030, the 65 plus population is projected to grow 123 percent, a rate faster than our elementary school aged population. There is a clear need to focus on senior needs as well as children.

Longer life spans often mean an increase in chronic conditions. For example, 39 percent of individuals over 70 require one or more assistive devices to meet their needs. Additionally, 50 percent of people 85 and older will develop Alzheimer's disease.

Most people say that they do not want to "end up" in a nursing facility. Fortunately, there are many options for long-term care in our state. Where, not long ago, the choices were living with one's children or going to the "rest home," many Utahns today can age at home with the assistance of in-home service providers.

Family caregivers provide much of the in-home care needed by their loved one to remain at home. Care through public and private in-home service providers is not meant to replace the family, but to supplement family care, thus allowing the individual's health and safety to remain intact while they age at home.

In-home services programs provide benefits in at least three important ways:

- Improved quality of life. Individuals can age in the place of their choosing, with the dignity and respect they desire.
- Empowerment and control for consumers and their families for as long as possible. With professional case assistance, clients are able to choose the types of services needed and whom they want to provide the services.
- Diversion from early nursing home placement saves public funds. The state's cost for nursing home placement in Utah averages \$23,944 annually. In-home services programs cost average \$3,200 annually.

In-home and community programs allow older people to avoid premature institutionalization. A limited number of services are available to individuals 18 and older; the majority of public funding serves those 60 years and older.

Funding these programs is unique in that it draws on federal, state, and in some places, county dollars. The demands for in-home services will continue to increase as our aging population increases.

The current systems are barely adequate to meet today's needs and our systems of service delivery, housing and medical care for seniors will certainly be overwhelmed by the upcoming surge of aging baby boomers. It is essential to begin planning now.

Improving Preventive Health Services for the Senior Population (Priority 3)

Poor health is not an inevitable consequence of aging. But four out of five seniors have at least one chronic condition and at least half of all seniors have two or more chronic ailments that undermine their mental and physical health, limit their ability to care for themselves, and erode their quality of life.

If we don't do more to prevent chronic health conditions, the costs will simply overwhelm the present system. For instance:

- In FY 2000, U.S. spending on health care for the elderly totaled \$615 billion - more than a third of the federal budget. By FY 2010, it is projected that this will be \$1,050 billion, the year before the baby boomers turn 65.
- During the next decade, there will be a 25 percent increase in the number of people over the age of 65, with an even greater increase in the number over the age of 85.

Focusing on health promotion and prevention can significantly improve overall health and save costs. There is an ever-growing body of research that demonstrates that health promotion and prevention can improve health status, reduce the impact of disease, delay disability and the need for long-term care.

The challenge is to apply what we already know more broadly so we can reach all of Utah's older adults. Utah's Board of Aging and Adult Services has identified three key areas to significantly improve health for older adults:

- Physical Activity At least 30 minutes several days a week can prevent or reduce heart disease, hypertension, diabetes, arthritis, and improve mental health. Only 16 percent of adults 65-74 report participating in regular physical activity.
- Immunization Vaccination against pneumonia and influenza is 80 percent effective. In 1999, less than 40 percent of older adults report being immunized against influenza and 33 percent against pneumonia. In the U.S., over 50,000 adults 65 years and older die each year of pneumonia and influenza.
- Fall Prevention Improving strength and balance can reduce falling. More than \$20 billion is spent annually on fall related injuries.

The emphasis of public health officials must shift from focusing only on the younger population to include the increasing numbers of seniors. This can be accomplished by:

- Promoting increased collaboration between public health and aging services network.
- Improving capacity of aging network to introduce evidenced based programs that can improve health status of seniors, lessen the impact of disease, and delay disability and the need for long-term care.

Caregivers: Supporting Those Who Care for Utah's "Greatest Generation" (Priority 4)

Government and businesses must prepare to provide resources for caregivers who face the responsibility of caring for an older parent, relative or friend.

The Facts Clearly Show a Compelling Need for Caregiver Support.

- One in four American adults are long-term caregivers.
- Nearly two-thirds of adults under 60 believe they will have to care for an older relative in the next ten years.
- Total lost productivity due to caregiving exceeds \$11.4 billion per year.
- The replacement cost for an experienced employee is 93 percent of the employee's salary.

The Government and Employers can Support Caregivers in the Workplace.

Clearly, caregivers need support in the workplace. Employers should make needed elder care information, such as accessing assistance, home care, respite, bill paying and other services available to employees.

But information is only the beginning. On-site care management for employees through human resource agencies could include benefits such as community referral assistance, in-house caregiver support seminars, group legal services, and flexible work schedules. These benefits may help employees maintain a healthier balance between work and other responsibilities, and in turn, employers enjoy a healthier, more productive workforce.

Supporting Caregivers Provides an Immediate and Tangible Benefit.

Employees who receive on-site care management services may be less likely to quit due to the stress of caregiving. Employers can help employees identify and access resources thereby decreasing their burden and allowing them to focus on their work.

Employers can retain valuable, experienced employees by creating flexible work schedules, including part-time options. Flexibility can allow employees to assist care receivers with their needs while maintaining positive work habits.

Making the Right Moves to Support Caregivers

Working together, the state and the business community should:

- Provide information regarding caregiver support programs.
- Develop tax-incentives for employers who support caregiver support programs.
- Provide tax credits for family caregivers.
- Establish on-site care management services for employees.
- Develop and maintain a web-based caregiver assistance resource site.

Appendix II

AREA AGENCY ON AGING REPORTS

BEAR RIVER AREA AGENCY ON AGING – FY 2005

Counties

Box Elder
Cache
Rich

Populations

Total	136,097	26% growth (1990-2000)
60+	14,901	20%
65+	11,259	19%
75+	5,461	24%
85+	1,585	50%

Minorities

60+	657
65+	454

Program

Number of Clients

Home-Delivered Meals	820 (93,220 meals)
Congregate Meals	1,727 (66,628 meals)
Alternatives Program	64
Medicaid Aging Waiver Program	53
Caregiver Respite	22

Other Services Provided with Title III-B

Number of Service Units

Transportation	7,028
Friendly visitor	3,491
Information and assistance	12,186
Recreation	23,131
Telephone reassurance	7,090
Assisted Transportation	3,189
Assessment/screening	2,819
Exercise & Fitness	1,496

The following accomplishments were listed by the Bear River AAA in its annual plan update, May 2005.

- The Bear River Senior Companion program has continued to expand its services throughout the service area. Thirty-four volunteers provided 12,105 hours of service to 194 client households last year.
- A partnership was developed with the Southeast Idaho AAA to develop a senior center in the Curlew Valley, which encompasses portions of Northern Box Elder County and Southern Oneida County (Idaho). The center, which is located in the elementary school in Stone, Idaho, opened in September and provides services three days a week. Eighteen residents of the Snowville area regularly participate in the congregate meals program.
- The Cache Valley Caregivers Consortium provided two workshops this year. Information on music therapy, mental wellness for caregivers, medication issues, and community resources was offered. The Caregiver Support Coordinator has now organized caregiver coalitions in Logan and Brigham City to provide workshops and support for local caregivers in their communities.
- The Cache Senior Center was awarded a RAPZ tax grant for exercise equipment. Twenty-five seniors utilize that equipment. The Cache Senior Center was also awarded a Community Development Block Grant (CDBG) to assist with some renovations and building repair.
- The Brigham City Senior Center regularly coordinates fund-raising events. This year they conducted 12 events, raising approximately \$18,000. They also are forming unique partnerships in their community. Two local funeral homes sponsor one congregate meal a month. The businesses pay the suggested donation for all of the congregate participants attending that day.
- The Brigham City Senior Center has also implemented a Code of Conduct for participants, and a dog policy to protect volunteers.

DAVIS COUNTY AREA AGENCY ON AGING – FY 2005

County

Davis

Populations*

Total	238,994	27% growth (1990-2000)
60+	24,045	44%
65+	17,540	52%
75+	7,565	88%
85+	1,694	93%

Minorities

60+	1,534
65+	1,057

Program

Home-Delivered Meals	1,463 (64,595 meals)
Congregate Meals	5,189 (90,982 meals)
Alternatives Program	205
Medicaid Aging Waiver Program	53
Caregiver Respite	61

Number of Clients

<u>Other Services Provided with Title III-B</u>	<u>Number of Service Units</u>
Transportation	15,521
Friendly visitor	53,210
Information and assistance	16,527
Recreation	
Telephone reassurance	13,909
Assisted Transportation	8,635
Assessment/screening	1,963
Exercise & Fitness	

*Population numbers are from the 2000 census. The age groupings cannot be added for a cumulative total.

The following accomplishments were listed by the Davis County AAA in its annual plan update, May 2005.

- The Agency is staffed with qualified and competent staff. Fortunately, as retirements have occurred and new positions have been approved, there has been a pool of qualified people that have applied and accepted employment with the agency.
- The departmental accountant is becoming proficient in calculating revenue and expenditures for both the calendar and fiscal years. The fiscal systems that the agency has to work with are complex and comprehensive.
- Major programs, in cooperation with the Davis County Health Department's Bureau of Health Promotion, are focused on increasing activity among county residents and providing walking, biking and hiking trails throughout the county.
- Three new HDM vans were purchased as a result of savings and controlling costs in the nutrition programs. .
- Increased use of media resources in the county has resulted in more public awareness and participation in programs and services.
- Identification of and cooperation with office staff in the City Halls of the 15 cities in the county is proving to be very helpful in operating countywide programs.
- **Delays, Changes and Disappointments:**
 - Delays in getting printed brochures, flyers and exhibit frames for the department due to fiscal restrictions
 - Delays in getting tablets to be used by the case managers and caregiver program personnel to present caregiver program information to the public and to record "real time" case notes has been caused by delays with the IS Department
 - The loss of seasoned staff in the department has been a disappointment this year.

FIVE-COUNTY AREA AGENCY ON AGING – FY 2005

Counties

Beaver
Garfield
Iron
Kane
Washington

Populations

Total	140,919	69% growth (1990-2000)
60+	26,261	70%
65+	20,746	74%
75+	9,486	99%
85+	2,109	123%

Minorities

60+	739
65+	491

Program

Home-Delivered Meals	1,553 (123,521 meals)
Congregate Meals	4,718 (76,424 meals)
Alternatives Program	126
Medicaid Aging Waiver Program	143
Caregiver Respite	50

Number of Clients

Other Services Provided with Title III-B

Transportation	35,163
Friendly visitor	48,391
Information and assistance	57,839
Recreation	24,274
Telephone reassurance	45,724
Assisted Transportation	3,046
Assessment/screening	2,793
Exercise & Fitness	7,260

Number of Service Units

The following accomplishments were listed by the Five-County AAA in its annual plan update, May 2005.

- Accomplishments for the past year have been focused in the area of improving existing services and the ability to report the delivery of those services. Some very exciting things have happened within the Title III service delivery system.
- The Steering Committee of the Five-County Association of Governments approved funding to purchase “Hot-Shot”-type delivery trucks to be used in the HDM Program. The funding for these trucks was made available from the CDBG funding allocation that comes to District V. Delivery of 14 trucks was made during the past nine months and at least two trucks are now available in each of the five counties in the Planning and Service Area (PSA). The new delivery trucks have had a very positive effect upon the HDM Program. They have drawn a great deal of interest from the various communities and are very visible to the residents of our cities and towns. The ability to deliver a quality meal to meal recipients has been greatly enhanced.
- Five-County AAA has worked hard to get the new NAPIS Reporting System up and running in its service delivery area. New computer equipment has been acquired for some of its counties, and hard work has been done to get personnel trained in the new system. The AAA hopes to have the new system fully functional soon, but some frustration has been encountered because of the length of time it has taken RTZ Associates to get the system functional.
- The AAA has been very successful in obtaining CDBG grants to help with the upgrading and remodeling of several of its senior citizens centers. All five of the County Councils on Aging have received, or are now in the process of obtaining, funding to help them bring their centers more fully into compliance with ADA requirements, remodel kitchens, enlarge centers, etc.

Case Management /In-home Programs

- The AAA’s first year working with “Making the Link” proved to be successful. An active sub-committee from the Caregiver Advisory Council presented information and resources to physician offices in the St. George area. The AAA focused on physician practices that serve a large number of seniors, and was successful in recruiting five medical practices with a total of 14 physicians. The AAA distributed 11 physician packets and 55 caregiver packets with a request for more. As indicated earlier, the AAA is working to expand the program to other counties this year. They will also be making flu visits to physician offices who agreed to participate, as well as contacting more offices regarding participation.
- Last year the AAA hired a case manager with a background in mental health who has agreed to act as a liaison with Mental Health and a consultant to the other case managers on Mental Health Issues. In addition, the AAA has increased coordination with Mental Health to increase services and resources. This past year, mental health assigned two new staff to work with the senior population in the five-county area. The new staff have been more active in working with the case managers and consumers, even making some home visits. The AAA has also been able to work with the therapist at the Community Health Center in accessing

mental health services, including some home visits. There are still gaps in the Mental Health Services for the Five-County area, but some improvements have been made.

- In August, the AAA contracted with Molina Health Care to act as the case management agency for the Long-Term Care, Managed Care Initiative for the Five-County Area. Currently there are 20 clients on the program, with several more pending, and a waiting list of around 15. Clients from every county except Garfield have been enrolled on the program.
- The AAA continues to enhance and increase community awareness of resources and services available to seniors and caregivers in the community. They have co-sponsored several trainings with the Alzheimer's Association, the senior centers, and the Volunteer Center. The trainings have been very successful, with good attendance by seniors, providers, and the community. Presentations have been made for several community agencies, including the Iron County Chamber of Commerce, Washington County, Social Workers Luncheon, assisted living facilities, nursing homes, home health providers, and others. With the help of APS and the Alzheimer's Association, presentations regarding Senior Issues were made to the St. George Police Department.
- The AAA continues to participate in health fairs and other community events, discussing services available for the aging population and providing information and resources, including handbooks and guides regarding senior issues. The AAA's "Caregiver Handbook," which was reprinted this year, has been a valuable asset for caregivers. Positive feedback regarding the quality of the information in the handbook has been received. The AAA has also increased the materials and information available in its resource libraries in its offices in St. George and Cedar City, and currently distributes over 200 copies of its monthly "Caregiver Newsletter."
- The AAA continues to have an active Caregiver Advisory Council. Over the past year the council was successful in fulfilling many of the program goals, including providing community awareness, enhancing resources, enhancing communication among healthcare providers, training with local law enforcement, increasing resources and informational materials, and enhancing respite options.
- The Caregiver Advisory Council developed and distributed a Client Satisfaction Survey for the Caregiver Support Program. Almost a 100 percent response was received from consumers. Feedback was very positive and indicated that the AAA is doing a good job in meeting the needs of its consumers. Caregivers did respond that they could use more ongoing support in the area of respite care and ADL's. The AAA also advocated for additional funding for this type of programs.
- The AAA continues to bring in new providers to better meet the needs of its clients and provide additional options and resources. New homemaking, senior companion, transportation and chore services were set up, and the number of respite providers was increased. The AAA also contracted with a new adult day care center in St. George. Adult Day care has been a gap in the area with only one day care facility in the whole five-county area. The new facility in St. George will fill a large gap.

- The case managers continue to work closely with other service providers. The local senior centers and the County Council on Aging Coordinators are an invaluable resource for clients, especially in the rural areas. The AAA works closely with Red Rock Center for Independence to access services, including equipment and home modifications. A Red Rock Center staff member was recently added to the Caregiver Advisory Council. Also, the AAA works closely with the Alzheimer's Association in coordinating support groups, trainings, respite care and other resources for people with Alzheimer's or related dementia. It also works closely with the Volunteer Program in their Senior Companion Program.

MOUNTAINLAND AREA AGENCY ON AGING – FY 2005

Counties

Summit
Utah
Wasatch

Populations

Total	413,487	43% growth (1990-2000)
60+	35,051	28%
65+	26,233	30%
75+	12,101	41%
85+	3,134	76%

Minorities

60+	1,551
65+	990

Program

Number of Clients

Home-Delivered Meals	1,144 (125,287 meals)
Congregate Meals	3,351 (175,228 meals)
Alternatives Program	168
Medicaid Aging Waiver Program	125
Caregiver Respite	69

Other services provided with Title III-B

Number of Service Units

Transportation	5,704
Friendly visitor	294
Information and assistance	1,795
Recreation	
Telephone reassurance	
Assisted Transportation	
Assessment/screening	
Exercise & Fitness	

The following accomplishments were listed by the Mountainland AAA in its annual plan update, May 2005.

- The most important accomplishment of the AAA during this past year was the establishment of a greater presence in the rural counties of Summit and Wasatch. The AAA opened and staffed a satellite office in Oakley, helping more seniors have access to services and receive direct services, including in-home services, outreach, information and referrals to community resources, HDM assessments, and linking programs with senior centers, etc. The number of seniors receiving in-home services doubled.
- The transition of the new Area Agency Director was successful.
- The rate of spending for in-home service programs earlier in the budget year exceeded the AAA's ability to provide the services throughout the year. A freeze was placed on adding new clients in these programs and the NCSP (respite) program; the levels of in-home services being provided to existing clients were reduced; and a RIF of a case management position and a high level management position were implemented to balance the budget.
- These budget issues precipitated organizational changes which have strengthened the Aging Department and have placed the AAA in a position to maintain and/or provide more services more efficiently.
- Title XX money was acquired to increase funding for the Ombudsman's hours from 20 to 30 hours each week. An information and recruitment package was developed to educate and recruit volunteers for the Ombudsman program. Quarterly in-service meetings with each long-term care facility were held to broaden employee understanding of resident rights.
- The AAA was also successful in obtaining CDBG funding, available July 1, 2005, for two HDM vehicles, which upgraded the condition of its overall fleet.
- The AAA sponsored an even and disseminated information to 35 Polynesians, and hosted an information booth at the Latino Americano Festival.

SALT LAKE COUNTY AREA AGENCY ON AGING – FY 2005

County

Salt Lake County

Populations

Total	898,387	24% growth (1990-2000)
60+	97,413	17%
65+	72,680	19%
75+	34,610	37%
85+	8,597	49%

Minorities

60+	10,287
65+	6,876

Program

Number of Clients

Home-Delivered Meals	2,385 (282,962meals)
Congregate Meals	5,029 (181,607 meals)
Alternatives Program	827
Medicaid Aging Waiver Program	220
Caregiver Respite	243

Other Services Provided with Title III-B

Number of Service Units

Transportation	124,024
Friendly visitor	
Information and assistance	13,785
Recreation	
Telephone reassurance	
Assisted Transportation	
Assessment/screening	2,579
Exercise & Fitness	

The following accomplishments were listed by the Salt Lake County AAA in its annual plan update, May 2005.

- the AAA initiated a major remodeling of the Friendly Neighborhood Center, the first since its opening in 1972. When completed, the center will sport a new kitchen, totally redesigned staff and programming space on the ground floor, redesigned programming space in the basement, a new entrance, and upgraded restrooms.
- The delivery of home-delivered meals by volunteers set a record high –with a total of 99,079 meals delivered by volunteers which is 41.5 percent of all meals served during the week.
- The Sandy Senior Center worked with selected volunteers to participate in an orientation at Alta View Hospital and be officially trained to meet with age-appropriate people scheduled for release from the hospital. Volunteers will personally invite recovering people to the center, introduce them, and help them acquire needed services.
- Aging Services was awarded funding in 2004 from the Access to Benefits Coalition and the Administration on Aging/Centers for Medicare/Medicaid Services to be used to help enroll seniors in the new Prescription Drug Benefit Card program. In 2005, the AAA was awarded supplemental funds from both funding sources to continue this highly successful effort. The program was also cited as an Exemplary Practice by MedicareRxOutreach.org. As of March 31, 2005, a total of 1,594 seniors had been enrolled in the drug card or other drug assistance programs.
- The Alternatives Program joined with Valley Mental Health's Masters Program to pilot a project designed to meet the mental health needs of seniors. The Masters Program has provided staff to work with residents and our Service Coordinators in eight senior housing units in the county.
- The Ombudsman Program hosted a Residents' Rights Conference in June. There were over 80 participants from nursing homes, assisted living facilities, local and state ombudsman programs and the state Health Department.
- The Healthy Aging Program worked with the Utah Work Introduction Network (UWIN) to host a six-week internship for a visually impaired student. The student worked on information for the Nutrition Program and did research for our Health Educators. UWIN is a program that offers visually impaired students the opportunity to gain the same basic skills that typical teenagers get at summer jobs.
- The days of operation at the Draper Senior Center were expanded from three days a week to five, effective September 1, 2005.
- John Flinders, a driver in the agency's Transportation Program, made his third trip to the National Road-E-O competition. John won the state driving competition and placed 7th in the National competition.
- The Senior Employment Program once again helped lead Utah to a #1 national ranking for job placements. In the past five years the agency has placed in the top five nationally, including three years at #1. Efforts to provide nutrition education to meals recipients continued with the completion of placemats and Mylar lids (for the food trays) containing

nutritional information and tips. Distribution of these materials began in February 2005. The agency has also been working with the University of Utah to have thesis students provide direct nutrition education consultation to diabetic meal recipients.

- The Caregiver Support Program initiated “Ladies Who Lunch”, a support group for wives and caregivers of husbands or partners. Other support groups and classes continue to be successful. Participant satisfaction ratings are high and participation continues to grow.
- The Transportation Program has two new Toyota Camrys purchased with funds received from the state Legislature. These cars are being used to help expand the use of volunteers who provide rides to medical appointments.
- The West Jordan Senior Center hosted the fifth annual Senior Chorus Festival. Nine centers participated.
- Albertsons Food Stores agreed to place four of its stores as volunteer routes to deliver Meals on Wheels. A fifth store is planned to come onboard in April.
- Seniors at the Columbus Senior Center worked on several community projects, including Christmas craft kits for Primary Children’s Medical Center, Easter baskets for Shriner’s Hospital, puzzles for Woodrow Wilson Pre-School, baby shirts and blankets to send to Africa, and the Ronald McDonald House’s “Pop Tabs for Kids” program.
- The Sixth Annual Senior Expo was held in October 2005; approximately 7,500 attended. Over 220 booth spaces were filled with more than 180 exhibitors. In addition, over 25 different health screening services were offered at no or low cost to attendees.
- The Caregiver Support Program co-sponsored “The Heart of Caregiving” conference at the Senior Expo along with IHC, AARP and the Alzheimer’s Association. The program also helped staff the hotlines at KUED following a re-broadcast of “The Forgetting - A Portrait of Alzheimer’s” and fielded about 450 telephone calls.
- Aging Services staff coordinated “The Giving Tree”, an effort to bring holiday gifts to low-income seniors this year. Close to 400 seniors received much needed items such as blankets, slippers, towels, hats and gloves, and gift certificates to grocery stores from Salt Lake County employees and employees at Questar Gas, Utah Transit Authority, the Workers Compensation Fund, 1-8-Contacts, and the Utah Tax Commission.
- The 2005 edition of the “55+ Senior Resource Directory” was published and distribution began in late March 2005. The AAA will print 45,000 copies this year.
- Media coverage during the year included:
 - PSAs on the need for volunteers - KSL, KCPW, KTKK & KRCL (May 2004)
 - Senior Centers Pool Tournament - Salt Lake Tribune (5/12/04)
 - Transportation Program volunteers - Deseret Morning News (July 2004)
 - Aging Services volunteers - Salt Lake Tribune (July 2004)
 - Aging Services Volunteer Programs (interviews) - KDYL & KSOP (July 2004)
 - Foster Grandparent volunteers from Russia - Deseret Morning News (7/19/04)
 - RSVP Program Recognition Banquet - Salt Lake Tribune (8/7/04)
 - RSVP Program - West Valley News (August 2004)

RSVP volunteers - Magna Times, West Jordan Journal, Sandy Journal (9/2004)
 Aging Services Volunteer video - Salt Lake City's public access cable channel (airing began in October 2004)
 Caregiver Support Program - FM100 (aired twice in November 2004)
 Bridges Volunteer Program - KSL-TV "Our Town" interview (11/10/04)
 Caregiver Support Program - Interview for "Contact" on KUED (December 2004)
 Bridges Volunteer Program - Deseret Morning News article (12/27/04)
 "Giving Tree" highlighted in Rolly & Wells column - Salt Lake Tribune (12/27/04)
 Ombudsman Volunteers - West Valley Journal (January 2005)
 Meals on Wheels Program - Deseret Morning News (3/18/05)
 Bridges Volunteer Larry Deckhart - Sandy Journal (March 2005)
 "Inspire by Example" Award article - South Salt Lake Journal (March 2005)

- The Alternatives Program is working with the Salt Lake City Housing Authority in an attempt to place new Service Coordinators in the City's senior housing facilities.
- The AAA developed new agency and volunteer brochures for use in the community. A public relations firm helped with the design of both. The agency continues its efforts to implement a ID card-scanning system in the senior centers. This system tracks seniors who eat meals or participate in other center activities. The system is operating or in the implementation stage in ten centers.
- Holding ovens installed in the senior centers' kitchens are a huge success and have changed how meals are served.
- The Outreach Program has been asked to test the Centers for Medicare and Medicaid Services' Training Module #9, the new module to implement the new Medicare Drug benefit in 2006. The Program was one of just a few agencies in this test.
- Some form of breakfast is now being served in every senior center. Also, a salad alternative to the main entree is now being offered one day a week at one center. This has been very successful.
- New senior centers to serve the Cottonwood Heights and East Millcreek areas are in the preliminary planning stages. The AAA is working with Draper City to construct a new center to replace its current facility. Also, plans are in the early stages for a new center in the Rose Park area to replace the one jointly occupied at the Northwest Multipurpose Center.
- Beginning in September 2004, Aging Services began publishing and distributing a monthly newsletter for program participants and volunteers. The newsletter, "Options and Opportunities...", includes articles of interest to older adults, volunteer recruitment efforts, upcoming events, job openings for seniors, a senior center directory and the current month's lunch menu. Presently 7,000 copies are circulated each month.
- Salt Lake County Aging Services was selected in 2004 as one of two pilot programs for Salt Lake County's new Performance Measurement Initiative.

SAN JUAN COUNTY AREA AGENCY ON AGING – FY 2005

County

San Juan

Populations

Total	14,413	14% growth (1990-2000)
60+	1,636	28%
65+	1,214	36%
75+	526	37%
85+	138	18%

Minorities

60+	751
65+	562

Program

Number of Clients

Home-Delivered Meals	101 (16,683 meals)
Congregate Meals	184 (13,450 meals)
Alternatives Program	67
Medicaid Aging Waiver Program	14
Caregiver Respite	

Other Services Provided with Title III-B

Number of Service Units

Transportation	2,129
Friendly visitor	1,428
Information and assistance	91
Recreation	1,160
Telephone reassurance	118
Assisted Transportation	4
Assessment/screening	271
Exercise & Fitness	

The following accomplishments were listed by the San Juan County AAA in its annual plan update, May 2005.

- San Juan County has again provided \$50,000 of general funds to the five senior centers located on the Navajo Nation reservation. The AAA was also instrumental in obtaining grant funds from the Utah Navajo Revitalization Fund to assist in capital building projects at the same senior centers.
- The AAA has been fortunate to still have a Home Health Agency operating in the county. This HHA has also started providing Hospice care in the area, which was not previously available from another source.
- A new county employee is assisting the in-home Case Manager with client visits as well as serving as an interpreter, which saves both time and money.
- The agency had a representative from USU Extension visit the senior centers to provide nutritional education.
- The Center Director serves on the local community health committee representing senior issues.
- Through capital funds from the county, the new expanded parking lot at the Blanding Senior Center was paved.
- The Foster Grandparent program has been operating in the county during the past year.
- The AAA worked with Active Re-entry to assist with building projects such as porches for individuals in their homes.
- Utah Legal Services made several presentations in the area during the past year.
- The AAA continues to provide medical transportation to individuals for out-of town appointments.
- The AAA continues to provide monthly trips to the nearest Wal-Mart, which is in Cortez, CO, for seniors to purchase some of their medications and supplies.

SIX-COUNTY AREA AGENCY ON AGING – FY 2005

Counties

Juab
 Millard
 Piute
 Sanpete
 Sevier
 Wayne

Populations

Total	66,192	27% growth (1990-2000)
60+	10,287	13%
65+	7,834	12%
75+	3,725	16%
85+	979	58%

Minorities

60+	231
65+	163

Program

Home-Delivered Meals	675 (66,858 meals)
Congregate Meals	1,141 (51,539 meals)
Alternatives Program	111
Medicaid Aging Waiver Program	46
Caregiver Respite	34

Number of Clients

Other Services Provided with Title III-B

Transportation	17,138
Friendly visitor	
Information and assistance	455
Recreation	
Telephone reassurance	2
Assisted Transportation	
Assessment/screening	5,425
Exercise & Fitness	

Number of Service Units

The following accomplishments were listed by the Six-County AAA in its annual plan update, May 2005.

- The AAA employs experienced staff in its Aging Programs, which helps the programs operate more efficiently.
- The AAA Staff met with local elected officials. As a result of these appointments, the AAA received additional home-delivered meal funding in the amounts of \$15,000 from Sevier County and \$19,000 from Millard County.
- The agency has been the pilot project for the Getcare Program.
- The AAA has conducted three Caregiver Trainings in Sevier, Sanpete, and Millard Counties.
- The RSVP Program has conducted the following new and current programs with 357 volunteers and 39,497 hour, *i.e.*, Homeland Security, Red Rock CERT (Community Emergency Response Team), and Utah Medicare Education Team (to prevent fraud and neglect).

SOUTHEASTERN UTAH AREA AGENCY ON AGING – FY 2005

Counties

Carbon
Emery
Grand

Populations

Total	39,767	7% growth (1990-2000)
60+	6,334	9%
65+	4,861	12%
75+	2,302	30%
85+	601	78%

Minorities

60+	603
65+	469

Program

Number of Clients

Home-Delivered Meals	640 (84,976meals)
Congregate Meals	1,006 (49,889meals)
Alternatives Program	69
Medicaid Aging Waiver Program	29
Caregiver Respite	16

Other Services Provided with Title III-B

Number of Service Units

Transportation	19,098
Friendly visitor	65,243
Information and assistance	23,728
Recreation	12,457
Telephone reassurance	2,078
Assisted Transportation	
Assessment/screening	1,697
Exercise & Fitness	4,019

The following accomplishments were listed by the Southeastern AAA in its annual plan update, May 2005.

Increased Funding:

- The funding for Emery County home-delivered meals (HDM) program was increased by the county, which offset the increases in fuel costs and kept the program serving without waiting lists.
- Carbon County increased the funding for its HDM program and remodeled the kitchens in the Price center and the new building at East Carbon.
- Grand County increased the HDM program funding as well, and provided help with the purchase of a new Hot Shot meal delivery truck.

Senior Centers:

- Emery County has now completed and landscaped three new senior centers and expanded and improved two others.
- Carbon County built a new East Carbon building, and has improved and finished the remodeling at the Price Center, which included new equipment.
- The new center in Grand County continues to be built at an astonishing speed, and should be ready for occupancy by late July or early August. The funding for this building has been an amazing effort pulled off by a community-wide coalition headed by Colin Fry, landowner; Joette Langianese, the Grand County Council person over aging programs; Verleen Striblen, the Grand County Aging Director, with principal support by the Grand County Aging Advisory Council.

In-Home Programs:

- The TAP and Respite programs have maintained levels of service and client caseload without resorting to a waiting list.
- The Medicaid Aging Waiver program has provided increased levels of service without placing many clients on a waiting list Disappointments and Barriers:
- The Medicaid Aging Waiver program will have to operate with a waiting list (applicant list) because of HCFA requirements concerning availability of funding for applicants statewide.
- The anticipated expansion of the HDM program in Green River was thwarted because of the impact that increases of fuel costs had on the Nutrition budget. This problem is evident in all three counties, but client populations are more concentrated in Carbon and Grand, so fuel costs for delivery of meals did not impact their budgets quite so severely.

TOOELE COUNTY AREA AGENCY ON AGING – FY 2005

County

Tooele

Populations

Total	40,735	53% growth (1990-2000)
60+	4,068	24%
65+	2,975	30%
75+	1,277	57%
85+	261	56%

Minorities

60+	485
65+	343

Program

Number of Clients

Home-Delivered Meals	168 (17,322 meals)
Congregate Meals	1,044 (38,217meals)
Alternatives Program	72
Medicaid Aging Waiver Program	16
Caregiver Respite	44

Other Services Provided with Title III-B

Number of Service Units

Transportation	5,438
Friendly visitor	
Information and assistance	
Recreation	7,532
Telephone reassurance	
Assisted Transportation	
Assessment/screening	539
Exercise & Fitness	2,923

The following accomplishments were listed by the Tooele County AAA in its annual plan update, May 2005.

- The good news was that the agency hired two very capable and stable staff for the in-home services program and they were able to jump in and take charge of the program.
- The Alternatives Program is close to having a waiting list and the Caregiver Support Program has doubled.
- The Advisory Board is functioning well and receiving a lot of referrals from other allied agencies.
- The agency's outreach efforts are bearing fruit, so to speak.
- The Medicaid Aging Waiver Program is a major goal this next year.
- In Grantsville a new phone and computer system have been installed and hopefully will unify both systems in the NAPIS reporting.

Towards the end of the year, there were severe funding problems. The rising oil prices played havoc on the home-delivered and congregate meal and transportation programs. Food and gas prices skyrocketed and the AAA was unable to stop or control the spending which caused an overspending of the total budget by 10percent. Fortunately, the Commissioners came to the rescue.

UINTAH BASIN AREA AGENCY ON AGING – FY 2005

Counties

Daggett
Duchesne

Populations

Total	15,292	15% growth (1990-2000)
60+	2,085	34%
65+	1,473	29%
75+	555	16%
85+	112	49%

Minorities

60+	102
65+	69

Program

Number of Clients

Home-Delivered Meals	148 (29,327 meals)
Congregate Meals	602 (22,834 meals)
Alternatives Program	52
Medicaid Aging Waiver Program	--
Caregiver Respite	18

Other Services Provided with Title III-B

Number of Service Units

Transportation	14,063
Friendly visitor	9,614
Information and assistance	12,587
Recreation	9,463
Telephone reassurance	4,156
Assisted Transportation	25,545
Assessment/screening	2,511
Exercise & Fitness	1,610

The following accomplishments were listed by the Uintah Basin AAA in its annual plan update, May 2005.

Health Fair

- The AAA presented its Fourth Annual Senior Health Fair on October 27, 2004 under the banner “Does Your Health Have You Puzzled”? The six-hour fair, which attracted over 500 seniors, was developed as an outreach activity to provide health-screening tests throughout the day and mini-lectures on various senior concerns. Coordinating with Home Health, flu shots were available to seniors 65+. The AAA was very fortunate to recruit three doctors from the area: Dr. Blake, addressing skin cancer; Dr. Powell, lecturing on ophthalmology; and Dr. Mitchell, presenting on depression. One of our local pharmacists, Jeff Luke, gave seniors an overview of the effects of medications with herbals. North Eastern Counseling Center had a very interactive class about stress management for seniors. Alan Ormsby, from DAAS offered information regarding estate planning, living wills, power of attorney and guardianship. Sally Anne Brown, also from DAAS, presented two classes on the Medicare Prescription Card Program and how to qualify for the \$600 prescription credit. Some 22 booths ranging from the local H.E.A.T. Program, Senior Volunteer Program and local health department to national organizations like the American Cancer Society, American Diabetes Association, and Veteran Affairs Office were located throughout the center offering information and referrals.

Uintah Basin Meal Program

- The Gateway and Manila Senior Centers have been educating the area’s senior citizens on the “Five-a-Day the Color Way”, creating a weekly tasters’ table filled with easily prepared vegetables and fruits for seniors, and providing recipes to aid them in recreating these foods in their own homes. Seniors had the opportunity to taste foods they normally do not buy, such as blood oranges, Belgian endive, artichokes, mangos, rutabagas, pomegranates and jicama. These seniors have increased their knowledge of the vitamins, minerals, fiber and phytochemical the body needs to maintain good health and energy levels. They have experienced a change in eating habits by incorporating these foods into their daily diet and have discovered that these approaches are doable and very enjoyable.

Inter-generational Sharing

- A very successful program instituted this year at the Gateway Senior Center involved the Chapter of Family Career and Community Leaders of America sponsored by the Duchesne High School. With a goal of closing the generational gap, youth and seniors citizens came together to create needed recordings of children's books for the elementary school. The youth had such a good experience that they served Thanksgiving and Christmas dinners at the senior center. In January, the youth returned and encountered the experience of playing Bingo with the seniors. They were pleasantly shocked that Grandmas and Grandpas were having so much fun and teasing each other about cheating when someone won at bingo. The *Uintah Basin Standard* wrote an article on the success of these activities and stated, “The youth of today and the youth of yesterday are different. Even though they are faced with different challenges and set different goals, one thing will remain the same: we need them and they need us.”

Native American Outreach

- Two older Native Americans who inquired about the crafts being sold at the annual Gateway Senior Boutique were invited to attend classes at the Gateway Senior Center. These ladies had so much fun that they recruited three more ladies for a total of five who travel every Monday from Fort Dukesne to Dukesne. The Tribe has provided transportation for these Native American seniors to attend craft classes. Next month, they will be teaching beadwork to the Dukesne seniors. It has been a great experience culturally as well as socially to work together coordinating services with the Tribe under Title VI.

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UINTAH COUNTY AREA AGENCY ON AGING – FY 2005

County

Uintah

Populations

Total	25,224	14% growth (1990-2000)
60+	3,404	39%
65+	2,507	44%
75+	1,063	64%
85+	253	77%

Minorities

60+	291
65+	183

Program

Number of Clients

Home-Delivered Meals	302 (45,239 meals)
Congregate Meals	442 (20,767 meals)
Alternatives Program	87
Medicaid Aging Waiver Program	24
Caregiver Respite	70

Other Services Provided with Title III-B

Number of Service Units

Transportation	6,386
Friendly visitor	
Information and assistance	2,167
Recreation	2,086
Telephone reassurance	
Assisted Transportation	1,046
Assessment/screening	382
Exercise & Fitness	1,187

The following accomplishments were listed by the Uintah County AAA in its annual plan update, May 2005.

- The preparation and delivery of weekend meals to approximately 50 seniors has been successful. To date, the cost of the meals has been within the budget projections. The meals packaged at the center are of the same quality as are delivered the following weekend. This helps keep the cost down. With the rising fuel prices and the rising food costs this year as well as the frozen HDM meal costs, , the agency will undoubtedly raise its meal costs, but will be monitoring this closely. One disappointing experience this past year was the rejection of a grant application made to the Daniels Fund. This grant, written with the help of Heather Hoyt, the Uintah County grants writer, was to fund transportation for ten to twelve Native Americans from the west side of Uintah County to participate in the noon meal at the center on Fridays, as the tribe does not serve a meal on Fridays. The agency currently transports two to three Native American seniors to the center three days a week. The grant was rejected because it was directed to be more of an educational grant than a nutritional grant. We intend to apply again in one year and emphasize the educational components. As always, we have tremendous support from the Uintah County Commissioners in which we are able to continue the programs at the AAA.
- The annual Health Fair is held each May and our annual Outreach Picnic is in September. In addition to these activities, we are planning an open house at the Golden Age Center in May to educate the community of services available to older adults and the upcoming baby boomers. Families will be able to enjoy an evening meal with their elderly parents, friends, etc. and hear speakers in the field present some possible issues that we all will be facing.
- The new Site Manager at the center has new ideas for activities and has been an advocate for seniors in the county.
- An article is published each week in the local newspaper, listing upcoming activities at the senior center as well as the menus for the coming week.
- The Caregiver Program is continuing the monthly workshops to educate the community and caregivers about services available to help them care for their loved ones.
- The director plans to meet with the director of the Ute Tribe to discuss some issues and activities that could be shared with the Native Americans in the county. This meeting will include educational, nutritional, and recreational concerns.
- The Uintah County AAA has a new director after the previous director, Joan Janes, served the agency for 27 years. All in all, the transition in directors has been very smooth, with great support from the staff, Advisory Board, and the Commissioners.

WEBER/MORGAN AREA AGENCY ON AGING – FY 2005

Counties

Weber
Morgan

Populations

Total	203,662	24% growth (1990-2000)
60+	27,192	13%
65+	20,900	16%
75+	10,003	36%
85+	2,288	34%

Minorities

60+	2,677
65+	1,903

Program

Number of Clients

Home-Delivered Meals	793 (155,420 meals)
Congregate Meals	1,808 (110,811 meals)
Alternatives Program	164
Medicaid Aging Waiver Program	98
Caregiver Respite	53

Other Services Provided with Title III-B

Number of Service Units

Transportation	
Friendly visitor	
Information and assistance	5,694
Recreation	
Telephone reassurance	
Assisted Transportation	
Assessment/screening	
Exercise & Fitness	

The following accomplishments were listed by the Weber AAA in its annual plan update, May 2005.

- The first year of the four-year plan for the Weber AAA was very challenging. Most of the home-based programs saw greater growth in demand for services than previous years, causing expansion of waiting lists in programs where there had never been one before. The volunteer programs also saw expanded interest and, in fact, the agency started waiting lists for those that offer a stipend. The only program that does not have more clients than capacity is the senior centers, which are doing very well but have increased interest as well. The AAA and its advisory councils are now facing an increased need to develop new ways to serve more people with the same or less funding. This need has resulted in more people being brought together for discussions and cooperation than ever before. It will take expanding and perfecting the process in order to serve the needs of the elderly in this community as the age wave crisis increases.
- The biggest surprise in this challenge has been the waiting list for Meals on Wheels. The program went beyond its capacity because of a sudden increase in clients. It became necessary to put all new applicants on a waiting list and only enroll as many as left the program. Enrollment is based on the applicant's level of nutritional risk and need as scored in the nutrition assessment. A Waiting List Placement Committee meets each week to decide who has the greatest need for meals. The unusual surge has leveled off for now, but Weber AAA still has the state's largest number of applicants on the Meals on Wheels waiting list. The agency and the Council on Aging have discussed this matter to determine if transferring Congregate Meals money funds is a desirable solution, but has decided not to cannibalize this program for the time being.
- There are several positive program developments this year such as the success of the caregiver program which helped more caregivers than ever, the opening of a new senior center in North Ogden, collaboration with the Medicaid Long-Term Care Initiative, which gave new options to nursing home residents, and the great strides made in preventive health programming with the help of IHC and Weber State University. These efforts offer the community and its citizens new options for obtaining services rather than merely waiting for one of the agency's programs. This will be the nature of most of the agency's upcoming initiatives. The AAA will work to continue expanding its role as a focal point for pooling and coordinating services while providing information, advocacy and counsel to seniors and the people who care for them. There will be ever-evolving ways to offer the most appropriate options whether coordinated by the AAA or self-directed.

Appendix IV

LISTS

**DIVISION OF AGING AND ADULT SERVICES
UTAH DEPARTMENT OF HUMAN SERVICES
120 North 200 West, Room 325, Salt Lake City, Utah 84103
PHONE: (801) 538-3910
TOLL FREE: 1-877-424-4640
FAX: (801) 538-4395
Website: hsdaas.utah.gov**

Director:
Alan Ormsby
E-mail: akormsby@utah.gov

Assistant Director: OAA
Nels Holmgren
E-mail: nholmgren@utah.gov

Assistant Director: APS
Diane Stewart
E-mail: destewar@utah.gov

DESIGNATED AREA AGENCIES ON AGING

January 31, 2006

Bear River Area Agency on Aging

Box Elder, Cache, Rich
Michelle Benson, Aging Svcs. Dir.
170 North Main
Logan, UT 84321
Phone: (435) 752-7242 or
1-877-772-7242
Fax: (435) 752-6962
E-Mail: michelleb@brag.dst.ut.us

Davis County Dept. of Aging Svcs.

Davis
Dawna Shultz, Acting Director
Courthouse Annex
50 East State (P. O. Box 618)
Farmington, UT 84025
Phone: (801) 451-3377
Fax: (801) 451-3434
E-Mail: dawnab@co.davis.ut.us
Web: www.co.davis.ut.us/agingservices

Five-County Area Agency on Aging

Beaver, Garfield, Iron, Kane,
Washington
Bob Rasmussen, Director
1070 West 1600 South, Bldg. B
(P. O. Box 1550, ZIP 84771-1550)
St. George, UT 84770
Phones: (435) 673-3548 (St George)
(435) 586-2975 (Cedar City)
(435) 676-2281 (Panguitch)
Fax: (435) 673-3540
E-Mail: brasmussen@fcaog.state.ut.us

Mountainland Dept. of Aging and Family Services

Summit, Utah, Wasatch
Scott McBeth, Director
586 East 800 North
Orem, UT 84097-4146
Phone: (801) 229-3800
Fax: (801) 229-3671
Website: www.mountainland.org
E-Mail: smcbeth@mountainland.org

Salt Lake County Aging Services

Salt Lake
Shauna O'Neil, Director
2001 South State, #S1500
Salt Lake City, UT 84190-2300
Outreach: (801) 468-2480
Phone: (801) 468-2454
Fax: (801) 468-2852
E-Mail: soneil@slco.org
Website:
www.slcoagingservices.org

San Juan County Area Agency on Aging

San Juan
Melissa Slade, Director
117 South Main (P. O. Box 9)
Monticello, UT 84535-0009
Phone: (435) 587-3225
Fax: (435) 587-2447
E-Mail: msslade@sanjuancounty.org

Six-County Area Agency on Aging

Juab, Millard, Piute, Sanpete, Sevier,
Wayne
Judy Christensen, Director – ext 19
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Weber Area Agency on Aging

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TO MAKE A REFERRAL:

SALT LAKE COUNTY:
ALL OTHER AREAS OF STATE:

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<u>NORTH</u> Box Elder Cache Davis Morgan Rich Weber	Joan Heninger 2540 Washington Blvd 3 rd Floor Ogden, UT 84401 (801) 626-3385 FAX: 626-3153	2540 Washington Blvd. 3 rd Floor Ogden, UT 84401 (801) 626-3385 FAX: 626-3153 Counties: Weber Morgan	1350 East 1450 So. Clearfield, UT 84015 (801) 776-7309 FAX: 776-7383 County: Davis	1050 South 500 West Brigham, UT 84302 (435) 734-4046 FAX: 734-4078 County: Box Elder	115 W. Golf Course Rd Suite B Logan, UT 84321 (435) 787-3425 FAX: 787-3444 Counties: Cache Rich
<u>CENTRAL</u> Salt Lake Summit Tooele Wasatch	Nan Mendenhall 645 E. 4500 S. Salt Lake City UT 84107 (801) 264-7657 FAX: 268-5422	645 East 4500 South Salt Lake City, UT 84107 (801) 264-7669 FAX: 268-5422 County: Salt Lake	1764 Prospector Ave Park City, UT 84060 (435) 645-8703 FAX: 649-0351 Counties: Wasatch Summit	305 North Main Tooele, UT 84074 (435) 833-7358 FAX: 833-7345 County: Tooele	
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